Date

8/22/2003

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	UTILITY	Attorn	ey Docket No.	A302					
PATE	NT APPLICATION	First I	nventor	Zeme1					
T	RANSMITTAL	Title	Title FLUID TREATM			MENT APP.			
(Only for new nonpr	rovisional applications under 37 CFR 1.53(b))	Expre	Express Mail Label No. EM 440 835551						
	LICATION ELEMENTS 00 concerning utility patent application contents.	ADD	Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450						
(Submit an origin. Applicant claim See 37 CFR 1. Specification (preferred arrang) - Descriptive title - Cross Referenc - Statement Rega - Reference to se or a computer p - Background of t - Brief Summary	[Total Pages] gement set forth below) e of the invention ce to Related Applications larding Fed sponsored R & D equence listing, a table, program listing appendix the Invention	(ii a b	 CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) Computer Readable Form (CRF) Specification Sequence Listing on:						
- Detailed Descrip - Claim(s)			ACCOMPAN'						
5. Oath or Declaration a. Newly exect b. Copy from a (for continua) i. DELETIC Signed staname in the 1.63(d)(2) 6. Application December 2.	[Total Sheets] [Total Sheets] [Interpretation (37 CFR 1.63(d)) [Interpretation (37 CFR 1.63(d	10. [11. [12. [13. [14. 2] 15. [16. [(when there is an assignee) Attorney English Translation Document (if applicable) Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations Preliminary Amendment Return Receipt Postcard (MPEP 503) (Should be specifically itemized) Certified Copy of Priority Document(s) (if foreign priority is claimed) Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.						
	APPLICATION, check appropriate box, and he title, or in an Application Data Sheet und			n below and	in the first se	ntence of the			
Continuation	Continuation Divisional Continuation-in-part (CIP) of prior application No.:								
Prior application information: Examiner Art Unit: For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.									
19. CORRESPONDENCE ADDRESS									
Customer Numb	ber:		OR [X Corresp	ondence add	lress below			
Name Car	rl C. Kling, Genera	l_Coun	sel						
Address	Anvik Corporation								
City	Hauthorne State NV Zip Code 10532								
Country	wthorne	Telephone	(914) 3	45-24/	2 Fax	345-2452			
	Carl C. Kling	Regist	ration No. (Attorne)		19,13				

This collection of information is required by 37 CFR 1.53(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (08-03)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known FEE TRANSMITTAL **Application Number** for FY 2003 Filing Date zeme First Named Inventor Effective 01/01/2003. Petent fees are subject to annual revision. **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit TOTAL AMOUNT OF PAYMENT (\$) 302 Attorney Docket No. METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued) Money 3. ADDITIONAL FEES Check Credit card Other None arge Entity | Small Entity Deposit Account: Fea Fee Fee Fee Description Deposit Account (\$) Code Fee Paid 1051 130 2051 65 Surcharge - late filing fee or oath Number Deposit 2052 25 Surcharge - late provisional filing fee or 1052 50 cover sheet Account 1053 130 1053 130 Non-English specification The Director is authorized to: (check all that apply) 1812 2,520 For filing a request for ex parte reexamination 1812 2,520 Credit any overpayments Charge fee(s) indicated below 920° Requesting publication of SIR prior to 1804 920 1804 Charge any additional fee(s) during the pandency of this application Charge fee(s) indicated below, except for the filing fee 1805 1,840° Requesting publication of SiR after 1805 1,840 Examinar action to the above-identified deposit account 1251 110 2251 55 Extension for reply within first month FEE CALCULATION Extension for reply within second month 1252 410 2252 205 1. BASIC FILING FEE 1253 930 2253 465 Extension for reply within third month arge Entity Small Entity Fee Fee Paid Fee Description 1254 1.450 2254 725 Extension for reply within fourth month Code (\$) Extension for reply within fifth month 1.970 2255 985 1255 1001 750 2001 375 Utility filing fee 1401 320 2401 160 Notice of Appeal 1002 330 2002 165 Design filing fee 160 Filing a brief in support of an appeal 2003 260 1402 320 2402 1003 520 Plant filing fee 140 Request for oral hearing 2004 375 Reissue filing fee 1403 280 2403 1004 750 Provisional filing fee 1451 1.510 1451 1,510 Petition to institute a public use proceeding 2005 80 1005 160 1452 110 2452 55 Petition to revive - unavoidable SUBTOTAL (1) (\$) 2453 1.300 650 Petition to revive - unintentional 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1501 1,300 2501 650 Utility issue fee (or reissue) Fee from Fee Paid Extra Claims 1502 470 2502 235 Design issue fee below **Total Claims** 1503 630 2503 315 Plant issua fea Independent 1460 130 1460 130 Petitions to the Commissioner Multiple Dependent 50 Processing fee under 37 CFR 1.17(q) 1807 50 1807 Large Entity | Fee Fee Small Entitor 180 Submission of Information Disclosure Stmt 1808 180 1806 Fee Description 40 Recording each patent assignment par 40 Codo (\$) Codo (\$) 8021 40 8021 property (times number of properties) Claims in excess of 20 1202 18 2202 375 Filling a submission after final rejection 1809 750 2809 1201 84 42 Independent claims in excess of 3 (37 CFR 1.129(a)) 2201 Multiple dependent claim, if not paid 1203 280 2203 140 375 For each additional invention to be examined (37 CFR 1.129(b)) 1810 750 2810 * Reissue independent claims 1204 84 2204 42 over original patent 1801 750 2801 375 Request for Continued Examination (RCE) 1802 900 Request for expedited examination * Reissue claims in excess of 20 1802 800 1205 18 2205 and over original patent of a design application Other fee (specify) SUBTOTAL (2) HO *Reduced by Basic Filing Fee Paid SUBTOTAL (3) oor number previously paid, if greater, For Reissues, see above (Complete (If applicable)) SUBMITTED BY Registration No. Telephone Name (Print/Type) (Attorney/Agent 122/200 Signature

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A302

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number A302			
CLAIMS AS FILED – PART I (Column 1) (Column 2) SMALL ENTITY								ENTITY	OTHER THAN OR SMALL ENTITY		
		ER EXTRA		RATE	FEE		RATE	FEE			
BASIC FEE (37 CFR 1.16(a))							:375	OR		\$	
TOTAL CLAIMS (37 CFR 1.16(c))		19	minus 20	s 20 = · <i>O</i>			x \$=		OR	x s=	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		ws 2	- minus 3	3 = . 0			x \$=		OR	x \$=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ \$=		OR	+ s =	
* If the difference in column 1 is less than zero, enter *0* in column 2. TOTAL 375 OR TOTAL											
	С	LAIMS AS AM	ENDED	– PART II				•		•	
(Column 1) (Column 2) (Column 3)					-	SMALL E	NTITY	OR	OTHER THAN SMALL ENTITY		
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
OME	Total (37 CFR 1.16(c))	•	Minus	**	=		x \$=		OR	x \$=	
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus	***	=		x \$=		OR	x \$=	
₽	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))						+ \$=		OR	+ \$=	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)		•			'	
INT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total (37 CFR 1.16(c))	•	Minus	**	=		x \$=		OR	x \$=	
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus	•••	=		x \$=		OR	x \$=	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+\$=		OR	+ \$=	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	*	=		x \$=		OR	x \$=	
핕	Independent (37 CFR 1.16(b))	•	Minus	***	=	l	x \$=		OR	x \$=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=		or	+ \$=	
TOTAL ADD'L FEE									OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

"** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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